

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28186
Do not use this space.
3188

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 3188
(c) City Kansas City (d) Street No. 120 Huntington Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. MARY ELIZABETH OZENBERGER

(a) Residence, No. 120 Huntington Road St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fredrick J. Ozenberger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 1851</u>		
7. AGE <u>88</u>	YEARS <u>3</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>		9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Hickman Mills Missouri</u>		
13. NAME <u>Olvan M. Adams</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary Catharine Triplett</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. E. E. Roaher 120 Huntington Rd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>Aug 12 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>O. M. Funderburk 401 Broad Creek Blvd</u>		
20. FILED <u>11</u> 19 <u>39</u> M. M. <u>Grove</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1939 to Aug 10 1939
I last saw her alive on Aug 10 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Annular Carcinoma of the Rectum Date of onset 1937
Metastasis to the liver 1939

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Rip Robinson, M. D.
(Address) 1103 Grant Ave
KC Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.